

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003673 (9)
 1. Corporation Name
GRAND BAY/LBK V ASSOCIATION, INC.



Principal Place of Business 880 BAY ISLES ROAD LONGBOAT KEY FL 34228 3080 Grand Bay Blvd.	Mailing Address 550 BAY ISLES ROAD LONGBOAT KEY FL 34228
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3. Date Incorporated or Qualified 08/03/1995		
4. FEI Number 65-0730099	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent ODORICO, PETER 550 BAY ISLES ROAD LONGBOAT KEY FL 34228	10. Name and Address of New Registered Agent 81 Name SARALYN ABEL 82 Street Address (P.O. Box Number is Not Acceptable) BARNETT BANK CENTER 83 240 South Pineapple Avenue 84 City SARASOTA FL 85 Zip Code 34230
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.
 SIGNATURE: *Mary [Signature]* DATE: **4/30/78**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	ODORICO, PETER	
STREET ADDRESS	550 BAY ISLES ROAD	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	STD	<input checked="" type="checkbox"/>
NAME	GRANATH, JOHN	
STREET ADDRESS	550 BAY ISLES ROAD	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	ROMANOWSKI, JOSEPH	
STREET ADDRESS	550 BAY ISLES ROAD	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	President		
1.3 STREET ADDRESS	HERB ZUDNOY - Unit 535		
1.4 CITY-ST-ZIP	3080 Grand Bay Blvd. Longboat Key, FL 34228		
2.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Vice President		
2.3 STREET ADDRESS	Jack Meyers		
2.4 CITY-ST-ZIP	3080 Grand Bay Blvd. #511 Longboat Key, FL 34228		
3.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Treasurer		
3.3 STREET ADDRESS	Steve Frankes		
3.4 CITY-ST-ZIP	3080 Grand Bay Blvd. - Unit 533		
4.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Secretary		
4.3 STREET ADDRESS	Tom Belcher #516		
4.4 CITY-ST-ZIP	3080 Grand Bay Blvd.		
5.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Director		
5.3 STREET ADDRESS	Bob Parks #512		
5.4 CITY-ST-ZIP	3080 Grand Bay Blvd.		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation, the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Steven Frankes* DATE: **2/27/06**

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